

LSC Comparative

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/25/2014  
FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  446408	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  03/18/2014
NAME OF PROVIDER OR SUPPLIER  SODDY-DAISY HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 701 SEQUOYAH ROAD SODDY-DAISY, TN 37379		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS  Stories: 1 Construction Type: V (111) Constructed: 1998 Fully Sprinkled Y  Certified beds: 120 Census: 105	K 000	K015 1.) The Director of Maintenance contacted State of TN office on February 12, 2014, to obtain a copy of Plans Review Submittal for Minor Renovation Form. The Director of Maintenance received a letter dated March 17, 2014, approving the application of Primer Flame Control #10-10A and Top coat paint Flame Control #40-40A. 2.) The Maintenance Director audited the entire facility for proper compliance in regards to Class B rating on wood paneling, Ref: 2000 NFPA 101 Section 19.3.3.1, 19.3.3.2, on February 13, 2014. No other locations were found to be out of compliance. 3.) The Maintenance Director was in-serviced by the administrator on proper fire rating on wood paneling on February 27, 2014. The preventative maintenance program will include auditing the wood paneling to ensure that it is in compliance.		
K 015 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Interior finish for rooms and spaces not used for corridors or exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings, has a flame spread rating of Class A or Class B. (In fully sprinklered buildings, flame spread rating of Class A, Class B, or Class C may be continued in use within rooms separated in accordance with 19.3.6 from the access corridors.) 19.3.3.1, 19.3.3.2  This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to install interior finishes with the required flame spread rating.  Findings include:  On 3/18/2014, the facility could not provide documentation that the interior finish on the lower portion of the walls, plywood bead board painted with oil based paint, had a flame spread rating (FSR) of class B in the "Ice Cream Parlor" at the front entrance. The room is open to the corridor and sprinkler protected.	K 015			

POC ACCEPTED  
APR 7 2014  
*[Signature]*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

NHA

4-17-14

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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			<p>4.) Audits of the preventative maintenance program, which include the assessment of the painted surface of the wood panel, will be performed by the Maintenance Director daily times 5 days and then weekly times 3 weeks and then monthly times 2 months and/or until 100% compliance.</p> <p>The Director of Maintenance will report results of compliance with Class B fire rating audits to the Quality Assurance Performance Improvement meeting to ensure 100% compliance. Members of the committee include Medical Director, Director of Nursing, Administrator and Assistant Director of Nursing, Staff Development, Social Services, Dietary Manager, Rehab Manager, Activity Director, and Environmental.</p>		4/1/2014

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K-015	Continued From page 1  The Maintenance Supervisor acknowledged the finding when the deficiency was identified.  Ref. 2000 NFPA 101 Section 19.3.3.1, 19.3.3.2, 10.2.3 Failure to install interior finishes with the required flame spread rating increases the risk of death or injury due to fire.  The deficiency affected 1 of 8 smoke compartments. NFPA 101 LIFE SAFETY CODE STANDARD  Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1  This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain exit access  Findings include:  On 3/18/2014,  1. The facility failed to provide delayed egress devices that unlock in 15 seconds. The exit near room 231 unlocked in 30 second but has signage installed on the door indicating it will unlock in 15 seconds.  The deficiency affected 1 exit.	K-015	K038  #1  1.) The Director of Maintenance contacted Stanley Security on April 2, 2014, to come to the facility and check the delayed egress device and a bid was submitted and approved on April 4, 2014. 2.) The Maintenance Director audited the entire facility for delayed egress devices that unlock in 15 seconds on all exit doors one other delayed egress devices was found to be affected at exit door located on the 124 room hall on March 19, 2014. 3.) The Maintenance Director was in-serviced by the administrator on egress devices on March 28, 2014. The preventative maintenance program will include auditing the exit door to maintain the egress devices. 4.) Audits of the preventative maintenance program, which include maintaining egress devices will be performed by the Maintenance Director daily times 5 days and then weekly times 3 weeks and then monthly times 2 months and/or until 100% compliance.	4/16/2014	
K 038 SS=F		K 038			

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			<p>#2</p> <p>1.) The Director of Maintenance contacted HD Supply for new locks that only have one releasing motion and the locks were ordered on April 3, 2014.</p> <p>2.) The Maintenance Director audited the entire facility for doors with only one releasing motion. No others were found to be affected motion on March 19, 2014.</p> <p>3.) The Maintenance Director was in-serviced by the administrator on 2000 NFPA 101 on March 28, 2014. The preventative maintenance program will include auditing doors to ensure there is only one releasing motion.</p> <p>4.) Audits of the preventative maintenance program, which include auditing doors to ensure there is only one releasing motion, will be performed by the Maintenance Director daily times 5 days and then weekly times 3 weeks and then monthly times 2 months and/or until 100% compliance.</p>	4/16/2014	

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K 067	Continued From page 3  This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to test HVAC equipment.  Findings include:  On 3/18/2014, the facility could not provide documentation of the required 4 year testing of the dampers.  At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary.  The Maintenance Supervisor acknowledged the finding when the deficiency was identified.  Ref: 2000 NFPA 101 Section 19.5.2.1, 9.2.1 1999 NFPA 90A Section 3-4.7  Failure to test the HVAC system as required increases the risk of death or injury due to smoke.  The deficiency affected the dampers installed in smoke walls.	K 067	The Director of Maintenance will report results of fire damper audits to the Quality Assurance Performance Improvement meeting to ensure 100% compliance. Members of the committee include Medical Director, Director of Nursing, Administrator and Assistant Director of Nursing, Staff Development, Social Services, Dietary Manager, Rehab Manager, Activity Director, and Environmental.	4/11/2014	
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.  (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.	K 076	K076  1.) The Director of Maintenance contacted Lowes for an outdoor storage box to store E-tanks and purchased the product on April 4, 2014. 2.) The Maintenance Director audited the entire facility for proper compliance in regards to proper storage of oxygen on March 19, 2014, no other areas were found to be effected. .		

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K 076	Continued From page 5 This deficiency affected 2 of 7 smoke compartments.	K 076			